

# **CITY OF FLAGSTAFF HOUSING AUTHORITY**

3481 N. FANNING DRIVE, FLAGSTAFF, AZ 86004

(928) 213-2743 / FAX (928) 526-3734



## **Request for Housing Choice Voucher (HCV) Extension & Survey**

I, \_\_\_\_\_, am requesting an extension on my voucher. Please give reason for extension request: \_\_\_\_\_

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Have any of these factors affected you in being able to find a suitable unit to occupy since you have received your Housing Choice Voucher? Please answer "Yes" or "No" to the following questions. If the answer is "Yes", please provide a brief explanation under "Comment".

<b>Factor</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Payment Standard			
Unit Availability			
Unit Location			
Security Deposit			
Utility Deposit			
Property Mgmt. not accepting Voucher			
Property Mgmt. not aware of Voucher			
Landlord Screening:			
Credit check			
Background check			
Landlord References			
Fees			

**\*\*\*CONTINUE ON SIDE 2\*\*\***

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The City of Flagstaff Housing Authority would like to thank you for taking the time to complete this survey to better help in the improvement of the Housing Choice Voucher Program. Your feedback is valuable and very much appreciated.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**FOR CFHA USE ONLY:**

**Voucher Size:** \_\_\_\_\_ **1<sup>st</sup> Extension** \_\_\_\_\_ **2<sup>nd</sup> Extension:** \_\_\_\_\_ **Final Extension:** \_\_\_\_\_

**Extension Beyond 120 Days:** \_\_\_\_ **Reason:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

\_\_\_\_\_

**HSS:** \_\_\_\_\_ **Date:** \_\_\_\_\_